

# **V AAP 2004-2005 FORMS**

**GUIDELINES for PARTICIPATION  
VIRGINIA ALTERNATE ASSESSMENT PROGRAM (VAAP)**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School/Division \_\_\_\_\_ Date \_\_\_\_\_

A completed alternate assessment shall be submitted for students participating in the Virginia Alternate Assessment Program (VAAP) at the elementary, middle school, and high school levels. Alternate assessments shall be completed as follows:

|                      |                              |
|----------------------|------------------------------|
| <b>Elementary I</b>  | <b>3<sup>rd</sup> Grade</b>  |
| <b>Elementary II</b> | <b>5<sup>th</sup> Grade</b>  |
| <b>Middle School</b> | <b>8<sup>th</sup> Grade</b>  |
| <b>High School</b>   | <b>11<sup>th</sup> Grade</b> |

**Directions**

The IEP team determines participation in the alternate assessment. Team members must consider current and historical documentation (to be noted on page 2). Documentation may include, but is not limited to, evaluation data, school records, parent/teacher observations, anecdotal notes, previous IEPs, etc. The following reasons alone are not sufficient for decision-making:

- Poor attendance;
- English as a Second Language;
- Social, cultural, and economic differences;
- Disruptive behavior;
- Student's reading level;
- Expectations of poor performance;
- Amount of time receiving special education services;
- Low achievement in general education;
- Categorical disabilities labels;
- Level of intelligence; or
- Place where the student receives services.

The IEP Team has the responsibility to determine and document that the student meets **ALL** of the following criteria by circling "yes" for each of the statements. If team members determine that the student **DOES NOT MEET** a specific criterion, "no" should be circled. This indicates the student is not a candidate for alternate assessment and should be considered for appropriate participation in the Standards of Learning Assessment.

Complete Section 1 for **ALL** students (elementary, middle school, and high school) for whom alternate assessment is being considered. Complete Sections 1 **AND** 2 for students who are in high school. Attach additional pages, if necessary.

### Section 1 (Complete for all students)

Y      N      The student has a current IEP. *(IEP team discussion, psychological evaluation, etc.)*

Y      N      The student demonstrates impairments that prevent completion of curriculum based on the Standards of Learning (SOL) even with program and testing accommodations. *(psychological evaluation, intelligence and achievement test, social adaptive behavior test results, observations from parents and teachers, social maturity data, curricular content, etc.)*

Y      N      The student's present level of performance indicates the need for extensive, direct instruction and/or intervention in a life skills curriculum that may include personal management, recreation and leisure, school and community, vocational, functional academics, communication, social competence and motor skills to accomplish the application and transfer of life skills. *(informal and formal assessment results, checklists, data logs, work samples, structured or spontaneous observations from teachers and parents, measurable IEP goals, scheduling matrix, curricular content, list of necessary supports, etc.)*

Y      N      The student requires intensive, frequent, and individualized instruction in a variety of settings to show progress and acquire, maintain, or generalize life and/or functional academic skills. *(measurable IEP goals, scheduling matrix, instructional strategies effectiveness data, list of various inclusive settings, learning style inventory, etc.)*

### Section 2 (Complete for students in high school)

Y      N      The student is working toward educational goals other than those prescribed for a modified standard, standard or advanced studies diploma program. *(list of diploma options and requirements, curricular content, measurable IEP goals, transition plan, parent and student discussion, etc.)*

### Section 3 (Complete for students who meet criteria listed above)

The IEP team members agree that \_\_\_\_\_ meets the participation criteria stated above for the VAAP for the 2004-2005 school year and will not participate in other statewide assessments. This participation decision will be stated on the IEP and is supported by the current and historical data found on the following documents:

*Supporting Documentation:*

| Position/Representing | Signature | Date |
|-----------------------|-----------|------|
|                       |           |      |
|                       |           |      |
|                       |           |      |
|                       |           |      |

## ADMINISTRATOR'S SUPPORT DOCUMENTATION

Date:

Dear \_\_\_\_\_,  
Teacher's Name

I have reviewed the components and entries of \_\_\_\_\_'s  
Student's Name

Collection of Evidence and approve of submission for scoring.

Comments:

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
School

**NOTE: Administrators should note any extenuating circumstances related to this Collection of Evidence on this document. (i.e., extended medical absence, late transfer students, etc.)**

## ASSURANCE FOR COMPILING COLLECTIONS OF EVIDENCE

### Collection of Evidence Ownership

**Students must have primary ownership of their Collections of Evidence.** At no time should a student's Collection of Evidence performance be characterized as teacher, peer, or parent authored. Teachers, parents, and peers may assume support roles as supporters, listeners, responders, and encouragers.

In addition to ownership, the following cautions were avoided in assisting this student in developing this Collection of Evidence. In assembling this Collection of Evidence, I did not:

- Fabricate, alter, or modify student work samples, products or data.
- Describe student behaviors that provide a negative image of the student.
- Include student performance information that is of a personal nature (i.e., toileting or bathing).
- Provide any accommodation/assistive device that is not a regular part of the student's daily instruction.

I have reviewed, understand, and followed the Assurance for Compiling Collections of Evidence for the Virginia Alternate Assessment Program.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

**NOTE: Violation of any of the above Assurances for Compiling Collections of Evidence may result in the Collection of Evidence being un-scored and could necessitate further actions or consequences.**

## PARENT VALIDATION LETTER

Date:

RE: Collection of Evidence for \_\_\_\_\_  
Student's Name

Dear \_\_\_\_\_ :  
Teacher's Name

I have reviewed the contents of this Collection of Evidence and agree that the entries are his/her work.

Comments:

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature

## ALTERNATE ASSESSMENT ENTRY COVER SHEET

Student Number: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Age of the Student: \_\_\_\_\_

**CONTENT AREA: (check one):**      English/Language Arts                      Mathematics  
   Science (Technology)                      History/Social Sciences (Vocational)

**STUDENT PERFORMANCE:** What measurable IEP Goal is evidenced?

**LINKAGE TO STANDARDS:** What Standard of Learning is evidenced? (Reference the SOL and write out the standard.)

### EVIDENCE DESCRIPTION (include 4-6 types of evidence)

| Type # | Evidence (list task or method of data collection used) | Primary (P) or Secondary (S) | VARIETY OF SETTINGS AND SOCIAL INTERACTION |                                | CONTEXTS       | SUPPORTS FOR INDEPENDENCE                  |
|--------|--|------------------------------|--|--------------------------------|----------------|--|
|        |  |                              | Setting of Student Performance             | Evidence of Social Interaction | Materials Used | Supports Used by the Student for this Task |
| 1      |  |                              |  |                                |                |  |
| 2      |  |                              |  |                                |                |  |
| 3      |  |                              |  |                                |                |  |
| 4      |  |                              |  |                                |                |  |
| 5      |  |                              |  |                                |                |  |
| 6      |  |                              |  |                                |                |  |

#### Comments:

*The student's work evidenced in this entry accurately reflects typical instructional programming directed to previously specified standards.*

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT CONTACT LOG

Please submit this Parent Contact Log with an unsigned Parent Validation Letter if you are **unable** to make contact with parents and obtain signatures on the validation letter!

### Parent Contact Log

| Attempt<br>to<br>Contact | Date/Time | Type of Contact |
|--------------------------|-----------|-----------------|
| <i>1</i>                 |           |                 |
| <i>2</i>                 |           |                 |
| <i>3</i>                 |           |                 |

You **MUST** document at least three attempts to contact the parent(s) for the submitting student. Please log those contacts using this form. In the “Type of Contact” column, please indicate the method used to contact the parent(s). (i.e., phone call, letter home, faxed letter, etc.)

A parent may refuse participation for a submitting student. If this occurs, a Parent Contact Log will NOT substitute for consent to have the COE scored. Please contact the Division of Assessment and Reporting for further information at (804) 225-3026.